

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm	ent Name		1000000	Telephone Number	Date of Inst (mm/dd/yr)		PERMIT #
St. Kou	's Epis	الإص	Mber and street, city, state, zip code)	812 944 0413	2/21/		19-276
Establishm	ent Addres	s (ňu l 🥕	mber and street, city, state, zip code)	317 926 5454	4/41/	7 20	' ' - ' '
1015 <u>E</u> Owner	- Main	>+	. Now Albay, 12 47150	Purpose:	Follow-up	Deleas	se Date
Owner				Routine	N•	T.D	4
Owner's A	ddress			2. Follow-up		of Violation	
				3. Complaint	Summary	JI Y IUIAIIUI	.is:
Person in C	Charge			4. Pre-Operational	$\begin{bmatrix} C & NC & R \end{bmatrix}$		
Robert	Struge	1	·	5. Temporary			
Responsible	e Person's	E <sup>C</sup> ma	il	6, HACCP	Menu Type (See back of page)		
0.85.15	134			7. Other (list)	123_X_45		
Certified F	_	•	12/11/23)	——————————————————————————————————————	12_	3 <u> </u>	_45
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative Narrative		<del></del>	To Be Co	orrected By
415	C		Observed ants at 5-comp sials			(DIC	ectors
297	297 NC Observed hard noter billing on			e bulb		<u> (</u> 01/	echd
	ļ		Observed ants at 3-comp side: Observed hard noter build-up on coffee Observed interior of bullerice bin meding	change		Crem	ched
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Received by	u (name and	fiffe	neinted):	Inspected by (name and title p	printed):		
	) <u> </u>	<	2	1 ' ' '	Ingram	(EHS)	ĺ
Received by	v (signature)		Theepey	Inspected by (signature):	<u> </u>	(EH)	
KC SIVER O	y (signature)	$\leq$		inspected by (signature).	6.	•	
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